

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/980381

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					1
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13		1				
14		1				
15	1					
16		2				
17		2				
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27		9				
28		9				
29		9				
30		9				
31		9				
32		9				
33		9				
34		9				
35		9				
36		9				
37		2				
38		1				
39		2				
40	1					
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47	1					
48		1				
49	1					
50		1				
TOTAL	15					
TOTAL						
TOTAL						
TOTAL						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
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